	Effe		ober 1, 20					09	IX	318	25
CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS						SM/ TYP		ENTITY	, OF		R THAN
						R	ATE	FEE		RATE	FEE
FOR		NUMBE	NUMBER FILED N		BER EXTRA	BAS	IC FE	E.	OF	BASIC FE	E 8%
TOTAL CHARGEABLE CLAIMS		(minus 20= *				X	9=		OF	X\$18=	
NDEPENDEN			minus 3 =			X	IO=	1		7/00	-
AULTIPLE DE	PENDENT CLAIM I	PRESENT	•				 35=				
If the differe	nce in cólumn 1 is	less than :	zero, enter	"0" in	column 2	<u> </u>			JOH		0,
0	CLAIMS AS					10	TAL	<u> </u>	JOR		X6
	(Column 1)		(Colum	n 2)	(Column 3)	SM	ALL	ENTITY	OR		THAN ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RA	TE ·	ADDI- TIONAL	.]	RATE	ADDI- TIONA
Total Independen	. 19	Minus		0	= 🛇	X\$	 9=	FEE	1_	X\$18=	FEE
Independen		Minus	··· 3	?	= (2)	X4			OR		<u> </u>
FIRST PRE	SENTATION OF M	ULTIPLE DE	PENDENT (CLAIM					OR	X80=	
BEST AVAILABLE COPY						+13			OR	+270=	
			PLE CO	PY		ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
Visite Control	(Column 1)		(Column HIGHES		(Column 3)						-
	REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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Indépendent		Minus	***		=	X40	7			X80=	
FIRST PRES	ENTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		-	ᆉ		OR	- No. 14.	
						+135		1.75	OR	·+270=	
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entropologies e signi	(Column 1)	Kelendari.	(Column HIGHES		Column 3)				· .	Overe	a ab va
	REMAINING AFTER		NUMBER PREVIOUS	₹.	PRESENT EXTRA	RATE		ADDI- IONAL		RATE	ADDI-
Total	AMENDMENT	7787642	PAID FOR	1		1 44		FEE #	13	427D.	TIONAL' FEE
ndependen)	20/21/21/21	Vinus Sign	Post I		-	X\$ 9=			OR	X\$18=	2.5
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